



# LEARNING AGREEMENT FOR STUDIES

## The Student

Last name (s)		First name (s)	
Date of birth		Nationality <sup>i</sup>	
Sex [M/F]		Academic year	20../20..
Study cycle <sup>ii</sup>		Subject area, Code <sup>iii</sup>	
Phone		E-mail	

## The Sending Institution

Name		Faculty	
Erasmus code (if applicable)		Department	
Address		Country, Country code <sup>iv</sup>	
Contact person <sup>v</sup> name		Contact person e-mail / phone	

## The Receiving Institution

Name	ESAD Amiens	Faculty	Art & Design
Erasmus code (if applicable)	F AMIENS15	Department	
Address	40, rue des Teinturiers 80080 AMIENS	Country, Country code	FRANCE
Contact person name	Franck LEBLANC	Contact person e-mail / phone	international@esad-amiens.fr / (33)3 22 66 49 90



## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility: from [month/year] ..... till [month/year] .....

Table A: Study programme abroad

Component <sup>vi</sup> code (if any)	Component title (as indicated in the course catalogue) at the receiving institution	Semester [autumn / spring] [or term]	Number of ECTS credits to be awarded by the receiving institution upon successful completion
			Total: .....

Web link to the course catalogue at the receiving institution describing the learning outcomes:

<http://www.esad-amiens.fr/international>

Table B: Group of educational components in the student's degree that would normally be completed at the sending institution and which will be replaced by the study abroad NB no one to one match with Table A is required. Where all credits in Table A are recognised as forming part of the programme at the sending institution without any further conditions being applied, Table B may be completed with a reference to the mobility window (see guidelines).

Component code (if any)	Component title (as indicated in the course catalogue) at the sending institution	Semester [autumn / spring] [or term]	Number of ECTS credits
			Total: .....



If the student does not complete successfully some educational components, the following provisions will apply:

[Please, specify or provide a web link to the relevant information.]

### Language competence of the student

The level of language competence<sup>vii</sup> in [the main language of instruction] that the student already has or agrees to acquire by the start of the study period is:

A1  A2  B1  B2  C1  C2

## II. RESPONSIBLE PERSONS

### Responsible person<sup>viii</sup> in the sending institution:

Name: \_\_\_\_\_ Function: \_\_\_\_\_  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Responsible person<sup>ix</sup> in the receiving institution:

Name: LEBLANC Franck Function: Dean of studies  
Phone number: (33)3 22 66 49 90 E-mail: international@esad-amiens.fr

## III. COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending institution and the receiving institution confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies (or the principles agreed in the inter-institutional agreement for institutions located in partner countries).

The receiving institution confirms that the educational components listed in Table A are in line with its course catalogue.

The sending institution commits to recognise all the credits gained at the receiving institution for the successfully completed educational components and to count them towards the student's degree as described in Table B. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties.

The student and receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme, responsible persons and/or study period.

### The student

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

### The sending institution

Responsible person's signature \_\_\_\_\_ Date: \_\_\_\_\_

### The receiving institution

Responsible person's signature \_\_\_\_\_ Date: \_\_\_\_\_